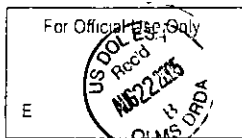


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -  12502	2. Fiscal Year Covered From  01/01/04 Through 12/31/04
3. Name and address of person filing  Name THOMAS KLUCH  P.O. Box, Bldg., Room No., if any  Street 161 HUNTING TOWN RD  City NEWTOWN  State CONN ZIP Code + 4 06470	4. Name, file number, and address of labor organization  Name CARPENTERS LOCAL 210  Labor Organization File Number 023496  P.O. Box, Building and Room Number, if any  Street 427 STILLSON RD  City FAIRFIELD  State CONN ZIP Code + 4 06824
5. Position in labor organization.  TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income  NA  7.b. Amount  0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Thomas Kluch*

On

8/15/05

Date

203 426 6419

Telephone Number

Name of Person Filing <u>THOMAS KLEBNIK</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name CC FTF

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 10 BROAD WAY

City HAMDEN

State CONN ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing

BENEFIT OFFICE COLLECTS  
APP. CONTRIB RATE

11.b. Approximate dollar value of such dealing. \$750,000.00

12.a. Nature of interest held or income received.

SALARY	\$58,012.00
BENEFITS	\$4,182.00
CONFERENCE	\$967.00

12.b. Amount. \$63,161.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment 0

# DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represents my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended form LM-30.

THOMAS E KLUCIK  
Thomas E. Klucik

Date: 8/8/05